

## Foster Family Home - Corrective Action Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

4506 Ukali Street

Honolulu

HI 96818

Review ID: 1-130003-8

Reviewer: Julie Hastings

Begin Date: 1/31/2020

### Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Home inspection completed for a 2 person CCFFH recertification.

Corrective Action Report issued during home inspection with all written corrections due to CTA by 3/3/2020

### Foster Family Home Personnel and Staffing

[11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(c)

CG#3 and CG#4 have no annual training available for 2019 or 2018

41.(g)

No Skills check for CG#3 for Client #1

### Foster Family Home Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)

No RN Delegation for CG#3 and CG#4 for Client #2

Julie Hastings RN, BSN  
Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Myrna Tumbaga

CCFFH Address: 4506 Ukali St Honolulu 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.C	Laps cannot be corrected	1/31/2020	House understands all CGs are required to have 8 hrs annual training. Calendar Reminders placed in front of Binder.
41.G	Skilled Checks obtain for CG #3, client #1	2/7/2020	All CG will be required to be skilled check and
43.C3	CG #3 & #4 are now delegated for client #2	2/7/2020	delegated within 1 month of hire or new client admission

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Myrna Tumbaga

Date of Signature: 2/7/2020